



**COLORADO**

Department of Health Care  
Policy & Financing

## **MINUTES FOR THE ACC Program Improvement Provider & Community Issues Sub-committee**

Colorado Department of Public Health and Environment  
4300 Cherry Creek South Drive, Rachel Carson Conference Room

July 16<sup>th</sup>, 2015

### **1. Introductions**

#### **A. In-person Attendees**

Anita Rich (CCHAP), Todd Lessley (Salud), Casey King (Kaiser), Janet Rasmussen (Clinica), Marija Weeden-Osborn (CCHN), Josie Dostie (CCHA), Marceil Case (HCPF), Brenda VonStar, Barb Martin (CDPHE), Marty Janssen (HCPF), Nicole Konkoly (RMHP), Jenny Nate (RMHP), David Plunk (Peak Vista)

#### **B. Phone Attendees**

Pamela Doyle (Pueblo StepUp), Elizabeth Forbes, Pam Jones, Colleen Casper (CNA), Cathryn Benedict (ClinicNet), Mindy Klowden (JCMH), Donald Moore (PCHC), Jennifer West, Jen Dunn, Leslie Reeder, Morgan Honea (CORHIO), Molly Markert (COA), Kristin Trainor, Kelley Vivian (CCCC), Jessica Provost (IHP), Shera Matthews (Doctors Care), Liz McCleary (Cortez Integrated Health Care)

### **2. Announcements**

There were no announcements this month.

### **3. Approval of Minutes**

Minutes were approved.

### **4. Consumer Input/ Client Experience**

Elizabeth Forbes: There is a big need for follow-up from providers. When a client goes in to discuss something with a provider, there is often no follow-through -- especially in the area of behavioral health.

Marceil Case: I agree that provider follow-up is often helpful.



Molly Markert: I've been taking lots of meetings with refugee groups. We have difficulty getting refugees on Medicaid correctly and getting them to stay on Medicaid. There are two issues in the application process:

1. the use of FNU (first name unknown),
2. date of birth – which can be very challenging when the date of birth is not recorded on a birth certificate or passport. In this case, birth dates are all listed on January 1.

Anita Rich: Do you know if that happens in PEAK?

Molly Markert: No, but most of the refugee applications are done on paper. I will continue to do some information gathering, but if people can keep their ears open and help me, I would appreciate it.

We should keep an eye on these issues for future consideration.

## 5. Workgroup Reports (Care Coordination)

Todd Lessley: The group met a second time and had a great conversation and is getting close to having recommendations for the PIAC. We did amend our original recommendations. The current document is still in draft form, but we can push for having some recommendation potentially for the August PIAC.

Todd read through and reviewed the recommendations regarding care coordination to solicit input. (The recommendations can be accessed on the Departments P&CI website at <https://www.colorado.gov/pacific/hcpf/provider-and-community-issues-subcommittee> )

Marceil Case: Recommend spelling out all acronyms when you do make a formal recommendation.

Molly Markert: Can we also refer specifically to things like foster care?

Todd Lessley: We can amend the document. You can have care coordination standards across the system, but we can address that.

David Plunk: With regards to the recommendation that the Department should consider aligning with already established care coordination standards, is it the intention to include standards such as AAAHC as well?

Todd Lessley: We said NCQA/PCMH because I think that was the most relevant to the folks in the room, but I don't think we're necessarily trying to limit our options.



David Plunk: I would really appreciate amending that statement to include AAHC, which is an accreditation body focused on outpatient care.

Casey King: Organizations are spending money now to be accredited now, so it's important that the Department say that they recognize these widely agreed upon standards as satisfying any future requirements.

Janet Rasmussen: Would the thought be that providers have to meet AMCH *and* NCQA standards?

Todd Lessley: I would assume that with AAAHC and AMCH, you wouldn't necessarily have to be accredited through NCQA, but we would use these standards as a basis for forming our own, or the Department forming their own. We will likely be making recommendations at the September PIAC.

## 6. Workgroup Report (NEMT)

Matt Lanphier: The Department is working on formulating responses to the transportation workgroup's recommendations, and we will be distributing shortly. We will also be re-convening the NEMT workgroup in the coming weeks to discuss issues facing the counties outside the broker catchment area.

## 7. Workgroup Report (Enrollment)/PIAC Report

Matt Lanphier: We are holding off on scheduling the next meeting until we have more guidance from the RFP team, including policy guardrails and the parameters for the types of recommendations they need. .

Molly Markert: Is there still wiggle room for changing attribution policy within the framework of the current contract?

Todd Lessley: One theme from yesterday's PIAC was that the RFP was the new shiny object, but that we can't forget about the work to be done in the current contract for the next two years. The Department indicated that they will be using stakeholder input in writing the concept paper to be submitted to CMS, but even once that paper is finished, there will still be a lot of technical questions. The paper will be an outline of ACC 2.0. The PIAC and this subcommittee need some policy guardrails from the Department.

Brenda VonStar: Another theme was that payment reform is a tool and not necessarily an end unto itself.



Todd Lessley: One final announcement, the Department released an executive summary of the RFI that was released late last year. I would encourage everyone to check it out.

Casey King: Is the feedback from workgroups like this also being considered and added to the summary? I feel like we've had a lot of discussion in the last several weeks and the landscape has changed to some degree. The bullets from the executive summary may not take these conversations and developments into account.

Marty Janssen: The document does not include the recent conversations, but that is a good observation. We will still take into account the most recent discussions and recommendations, they just won't be included in the RFI document, which focuses strictly on summarizing the RFI from last year.

Molly Markert: Does this group have a role in determining how the stakeholder process will proceed?

Todd Lessley: I would recommend keeping that on deck for now until we have specific technical questions that the Department wants answers to. Mobilizing stakeholders for the purpose of formulating recommendations should be as focused as possible.

Morgan Honea: Gretchen did talk and asked a couple of people whether there would be value in having client breakout feedback sessions (study sessions) that would give clients the opportunity to provide feedback on the program in a setting without providers. There definitely is thought about that. They would really like the committees to fill the gaps and not reiterate the recommendations and feedback that has already been received via the RFI and other venues.

Molly Markert: I think this workgroup should offer a list of all the kinds of stakeholder groups available. I'm not concerned with what they would do, but I want to make sure the Department knows which groups should be included in the concept of stakeholder feedback.

Marceil Case: The Department has put a great deal of effort into creating communications plan lately. But in the effort of not starting from scratch, we have some of this information already. We can give you what we currently have and you can add to it, rather than recreating the wheel.

Mindy Klowden: It might be useful to recommend they get consumer input in another way other than study sessions. Perhaps they should consider focus groups co-facilitated by the providers themselves.



## 8. Provider Enrollment

Marceil Case: We are making the rounds and we are trying to reach as many people as we can on this. This is a federal mandate which has been in place since 2010. We have implemented portions of the law, and we will be fully implemented by the end of March 2016. For providers who don't complete the process by then, their payments will be suspended. This is really important, and we have no choice in doing this. The main focus of this federal program is fraud, waste, and abuse. We assume that this will result in better quality care and better outcomes for our clients. People are stealing millions and millions of dollars every year from Medicaid and these programs, and its money we can't spend where it's actually needed. It's therefore easier to filter these fraudulent providers out on the front end.

Todd Lessley: Out of curiosity how big of an issue is this in Colorado?

Marceil Case: I'd have to look into it. To be honest, the majority of bad billing practices are not fraud, it's just human error.

Casey King: How far down does the requirement for screening go? Does every provider within an MCO have to go through this?

Marceil Case: Pretty much.

Casey King: If an individual provider like a podiatrist has a group billing ID number, do they have to pay the fee?

Marceil Case: No not necessarily. We will have a dedicated resource page to answer any questions that people may have going forward. (Resource page can be found here: <https://www.colorado.gov/hcpf/provider-resources> )

## 9. Enhanced PCMP (ePCMP) Standards

Marty Janssen: The program just finished out its first year. Across the state, 270 practice sites were certified as being ePCMPs. The majority of the folks in the program are attributed to these practices. For that fiscal year, about \$3 million extra dollars will be going to these providers. RCCOs continue to certify and validate the ePCMP providers, and everything about the program will remain the same for the next fiscal year. We will be evaluating and doing some data analysis on how these ePCMP factors are affecting population health. If the RCCOs are evaluating practices for this year, make sure you are evaluating all the factors that the practices are meeting. The big takeaway is that the program will remain the same.



We will continue to get stakeholder feedback through July of 16 at which time we will evaluate any potential changes to the program. And we are sending out certificates to providers who have met the standards.

Casey King: How and when is the payment being distributed?

Marty Janssen: We'll have more information on that in the coming months. You should see the payment by September, and we will send out a fact sheet and provide guidance on how that payment will be made and where to look for it on your remittances.

Mindy Klowden: Is it happening uniformly across the RCCOs or differently?

Marty Janssen: The RCCOs have thus far developed their own programs for certification.

Jenny Nate: For our region, we gathered all documentation from the providers to prove they met the standards, and then our practice transformation team would review all the documentation. If there was any questions, they would contact providers for additional information. We tried to make it a pretty rigorous approach to ensure providers were being thoroughly assessed.

Nicole Konkoly: We did receive some feedback from providers initially that they didn't want to go through the hassle, but once we explained to them that they probably already had all the documentation necessary to qualify, we were able to get a lot of providers on board.

## 10. Specialty Access

Marceil Case: There are a few groups doing some cool things with regards to specialty access. We could potentially get them to come and give a presentation to the group.

Anita Rich: Should we just table this for a couple months?

Janet Rasmussen: We can table it, but I just want to note that access continues to be an issue for Clinica.

Next meeting 8/20/15.

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